

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION		45	
O.I.P.E. CLASSIFIER	MJ		11/1
FORMALITY REVIEW			

BEST AVAILABLE COPY

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	10/16/04
2	10/16/04
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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City 9/5/01